

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH

APPLICATION FOR CERTIFICATION TO PROVIDE ASBESTOS TRAINING COURSES

1. TYPE OF APPLICATION: ☐ Initial ☐ Renewal ☐ Amendment

If Renewal or Amendment, current certificate number(s): ATC - _____

2. APPLICANT:

Facility: _____

Director: _____

Street: _____ Telephone No.: _____

City/Town: _____ State: _____ Zip: _____

3. ASBESTOS TRAINING COURSE (S) SUBMITTED: (CHECK ALL applicable items.)

- ☐ 40 Hour Initial Asbestos Abatement Site Supervisor (D.1.8 (a)/(b))
 - ☐ 32 Hour Initial Asbestos Abatement Worker (D.1.8 (a))
 - ☐ 24 Hour Initial Asbestos Inspection Services (EPA Model Plan)
 - ☐ 24 Hour Initial Asbestos Project Designer (EPA Model Plan)
 - ☐ 16 Hour Initial Asbestos Management Planner (EPA Model Plan)
 - ☐ 14 Hour Competent Person (D.1.8 (d)/D.2.2 (a))
 - ☐ 8 Hour Competent Person Annual Review (D.1.8 (k)/D.2.2 (b)/(c))
 - ☐ 8 Hour Asbestos Inspection Services/Management Planner Annual Review (EPA Model Plan)
 - ☐ 8 Hour Asbestos Abatement Worker Annual Review (D.1.8(c))
 - ☐ 8 Hour Asbestos Abatement Site Supervisor Annual Review (D.1.8(c))
 - ☐ 4 Hour Asbestos Inspection Services Annual Review (EPA Model Plan)
 - ☐ 4 Hour Asbestos Management Planner Annual Review (EPA Model Plan)
 - ☐ 4 Hour Project Designer Annual Review (EPA Model Plan)
 - ☐ Other (Specify): _____
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Attach documentation to demonstrate compliance with the appropriate sections of subpart D.1 of the Rhode Island Rules and Regulations for Asbestos Control. Each attachment must clearly identify the specific paragraph(s) being addressed.

4. CERTIFICATION/AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all other federal, state or local jurisdictions in which the applicant currently has certification or other authorization to conduct each of the asbestos training courses identified in Item 3. Attach copies of all such certificates and/or authorizations.

5. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:

- A. Has any federal, state or local jurisdiction ever revoked or suspended an asbestos training certificate and /or other authorization to conduct asbestos training held by the applicant and/or any principal in the applicant's organization?

() Yes () No

If Yes, provide details.

- B. Does any federal, state or local jurisdiction have any outstanding enforcement action(s) against the application and/or any principal in the applicant's organization?

() Yes () No

If Yes, provide details.

AGENCY USE ONLY

6. CERTIFICATE: (This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 2 certify that they have read and understand the Rhode Island Rules and Regulations for Asbestos Control. The applicant and any official executing this application is prepared in conformity with the Rhode Island Rules and Regulations for Asbestos Control and that all information contained herein, including any supplements attached hereto, is true and correct to the Asbestos of their knowledge and belief. The applicant named in Item 2 further certify that their certificate and/or other authorization to conduct asbestos training has not been suspended or revoked by any federal, state, or local jurisdiction except as noted in Item 5.

By: _____
(Signature) (Type or print Name of Certifying Official)

Date: _____
(Title of Certifying Official)

7. FEES:

The following fee(s) must accompany the application:

- ___ Amendment Fee (per course) @ \$ 40
- ___ Application Fee (per course) @ \$ 75
- ___ 40 Hour Initial Asbestos Abatement Site Supervisor @ \$750
- ___ 32 Hour Initial Asbestos Abatement Worker @ \$600
- ___ 24 Hour Initial Asbestos Inspection Services @ \$450
- ___ 24 Hour Initial Asbestos Project Designer @ \$300
- ___ 16 Hour Initial Asbestos Management Planner @ \$300
- ___ 14 Hour Competent Person @ \$300
- ___ 8 Hour Competent Person Annual Review @ \$300
- ___ 8 Hour Inspection Services/Management Planner Annual Review @ \$225
- ___ 8 Hour Asbestos Abatement Worker Annual Review @ \$225
- ___ 8 Hour Asbestos Abatement Site Supervisor Annual Review @ \$225
- ___ 4 Hour Asbestos Inspection Services Annual Review @ \$125
- ___ 4 Hour Asbestos Management Planner Annual Review @ \$125
- ___ 4 Hour Asbestos Project Designer Annual Review @ \$125
- ___ Other Training Course @ \$ _____

TOTAL FEE (S) SUBMITTED: \$ _____

Completed application and fee(s) should be submitted to:

**Rhode Island Department of Health
Office of Occupational & Radiological Health
3 Capitol Hill, Room 206
Providence, RI 02908-5097
(401) 222-3601**